



### *Request for compulsory leave*

Name:

Occupation:

Number:

Location:

**Respectable** .....

I would like to be granted a compulsory leave for ..... (day/days)

Starting from:     /     / 20

Up to:     /     / 20

Signature:

Date:

### **Second: Head of the Department approval**

☐ There is no objection to granting her the required leave if she is entitled to by the system.

☐ I do not agree with the leave request.

Name:

Signature:

### **Third: Human Recourses Auditing**

☐ Approved by system.

Balance before the required leave per day:

☐ Unapproved by system.

Approval of the HR Department:

Signature:

A. Alshaikh